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WORKING TOWARDS CHANGE

LEARNING OBJECTIVES

Reading this chapter will encourage you to:

- think about the general nature and purpose of human service and social work
- know who is involved in human service work
- describe core social work values and ethical principles
- understand some of the key skills of reflective social work practice.

KEY TERMS

adversity
authenticity
clients
consumers
critical reflection
ethical principles
integrity
microskills
oppression
reflective practice
reflexivity
respect
skills
social justice
values

Experiences of human adversity

adversity
Events or conditions of personal, family or community difficulty or distress.

Social workers and other human service practitioners aim to alleviate adversity and promote social justice, well-being and health in people's lives. In this book, we focus on how our communication and interpersonal skills, and our practice theory knowledge, are integrated to achieve these aims. To highlight how people experience **adversity** as a result of many different circumstances, and how we work in diverse practice settings, some case scenarios are introduced below.

FOCUS ON PRACTICE

Here are five scenarios encountered by students on their field education placements:

SCENARIO 1

Gracie is on placement in a child protection service. She travels with her supervisor to meet with a parent in their home, against whom allegations of abuse have been made. On arrival at the family home, she and her supervisor notice that the parent is drug affected and not happy at all about the notification to protective services.

SCENARIO 2

Jen is on placement in a refugee and migrant support service. She and her supervisor are meeting with a group of concerned consumers about several matters—the threatened discontinuation of English speaking classes, and the reopening of a road through a housing estate where children have been playing. The group includes about twenty people from culturally and linguistically diverse backgrounds. An action plan is to be developed through this community consultation.

SCENARIO 3

Zak is on placement in a mental health service. When working on the telephone crisis line, he receives a call from a young distressed woman who has been assaulted by her partner. This woman does not know what to do—whether to leave or stay—and asks Zak to tell her what she should do.

SCENARIO 4

André is on placement in a paediatric hospital. A social worker there has been involved with one family for many years, from the time when their child was diagnosed with cancer through to her death six months ago. The worker wants

to invite the siblings to a support group, which will involve contact with both the parents and the siblings.

SCENARIO 5

Helena is on placement in a community health centre. Her supervisor has been working for several weeks to engage with an elderly woman in the local community, who had had a fall, been admitted to hospital and then returned to live at home alone. The elderly woman has been reluctant to use services, wanting to maintain her independence, but rings the supervisor frequently about a range of matters. She has seemed increasingly confused in recent telephone contact. The supervisor plans to visit her.

REFLECTIVE QUESTIONS

- 1 What is your personal reaction to each of these scenarios?
- 2 What do you think will be the challenges and opportunities in each scenario?

These scenarios illustrate the ways in which adversity arises from experiences of poverty and depleted personal and social resources. They highlight that adversity can arise from exhaustion, depression and despair; from experiences of abuse and life's traumas. Some adversities are short term and crisis driven, while others present long-term concerns and difficulties. Demands such as these arise from the social, structural and cultural contexts in which we live, as well as from our relational and inner-world experiences.

These five scenarios also raise questions about how you would respond as both a student and practitioner in each of these situations. They all require direct communication and supportive responses of some sort through your use of professional relationship with the clients. However, your relationship and communication **skills** would need to differ depending upon which circumstance you found yourself in. In one scenario, the practitioner has an established relationship, whereas another has no face-to-face relationship at all. In one of the scenarios, the practitioner receives a very hostile reaction, compared with more sought-after and/or sustained relationships in others. The scenarios also raise questions about the change agenda, and who is driving that agenda; and about how we conceptually and practically link a particular person's situation and the broader causal environmental factors in our work—what social workers often refer to as the case to cause link (Reamer 2013, p. 17). As a student, you will be observing a range of practitioners and supervisors, and will see how these questions are dealt with in many different ways.

In working with people across such a broad spectrum of experience, practitioners need to develop an adaptable repertoire of skills, as well as a sound knowledge and theory base, to engage, assess and intervene appropriately with people. We will revisit these scenarios in the chapters ahead, as we look at the specific use of communication and counselling skills, and the application of practice theories.

skills

The ability to do something well. In the context of practice, this means having the ability to communicate or intervene successfully.

ethical principles
Formally articulated
value bases.

This chapter is structured around four core questions. First, why are human services provided as a response to these experiences? Second, how do we think about who is involved? Third, what are some of the core values and **ethical principles** that underpin social work? Fourth, what are the core skills that help us engage in value- and relationship-based practice?

Why do we have human services?

Underpinning the provision of human services is the belief that resources should be provided in situations of adversity to support and enhance the well-being of individuals, families and communities. The benefit of people supporting each other through times of adversity is well documented, whether through practical and instrumental support (Harms 2010, pp. 58–65; Hobfoll et al. 2000) or emotional support, through talking with someone (Miller et al. 2014; Furlong 2013) or writing about experiences (Lepore & Smyth 2003; Pennebaker 1995). Studies of individual and community experiences of stress, grief and trauma have consistently identified the availability of resources, social support, and secure attachment relationships as key protective factors. A sense of control (Kobasa 1979) and a sense of coherence (Antonovsky 1987) are also vital protective factors. All of these factors can be translated into practical, instrumental and emotional interventions.

Human services are based on beliefs, therefore, about intervention at two levels—first, a belief that supportive relationships are a protective factor in their own right, and second, that they are also effective vehicles for change in other circumstances; for example, providing resources such as education, skills, information and other essential resources such as financial and housing ones. A relationship base, therefore, is at the core of social work (Perlman 1979; Howe, 1998; Ruch et al. 2010). This is reflected within the social work profession's practice standards (Australian Association of Social Workers [AASW] 2013, p. 7), where the objective of practice is discussed:

Across all practice areas, social workers work in partnership with people to facilitate empowerment, build on strengths, enhance well-being and social inclusion and promote community development.

To comprehensively assess how this work should occur and the type of engagement or partnership required is an inherently complex process, requiring us to think critically about what constitutes strengths, well-being and social inclusion.

The five scenarios presented earlier in this chapter raise some of these key questions about well-being. For example, how does a society decide what constitutes risk for children within the context of family life and, therefore, how do human services respond? How does a society determine access to resources such as playing grounds in housing estates? How does a society provide the necessary resources for women and children separating from family violence? What support is available to a family whose child has died? How

do we respectfully and safely support older members of our community who may or may not be at risk in exercising their independence? Human service policies, programs and practices emerge in response to how we as a society answer these sorts of questions. Human services are based on notions of well-being.

We do know, however, that these notions of well-being are complex and can become the source of both support and risk. One person's notion of well-being can lead to culturally inappropriate solutions for others and result in generations of damage and harm (Haebich 2006), for example, as has been the case for generations of Australian Aboriginal and Torres Strait Islander people. The balance between social workers being agents of social care, change, cure and control (Howe 1994) is a delicate one and is dependent upon a constant and critical review of the **values** underpinning our work. We return to this issue later in this chapter.

values

The 'generally accepted or personally held judgement of what is valuable and important in life' (Brown 1993, p. 3542). Professions will often define a set of core values for the practice of their work.

REFLECTIVE PRACTICE QUESTIONS

Reflect on your motivations to practice as a social worker. In your reflection, think about these two questions:

- 1 What is your understanding of well-being?
- 2 What do you value most in your life and why?

Who is involved in human service work?

Many people seek support voluntarily as a result of particular experiences of upheaval and crisis in life—experiences of poverty, unemployment and migration; of **violence** and abuse; of illness, disability and death; or of family stress and breakdown. Jen, Zak and André in their placements are seeing their supervisors working with people who are actively seeking service involvement. As you can see from the scenarios, other people are involuntary users of services, mandated as a result of various court orders or legal reasons relating to child protection, juvenile justice or community treatment orders, for example. They are involuntary **clients** in that they are required to have contact with social workers as a result of behaviour deemed to be risky by others, as Gracie discovers on her child protection visit. In these instances, social workers may be an unwanted intrusion into their lives. Other people are somewhere in between the experience of being a voluntary or involuntary client—they experience violence in the context of an abusive relationship or they are admitted to hospital following a fall and consequently have to access human services for support and recovery, such as Helena's community health centre example. Circumstances force many people to become human service clients rather than people choosing freely to access those services.

For the people introduced in the scenarios above, language becomes very important in influencing how they are regarded by the practitioners who interact with

violence

The use of force to cause injury or harm to another person. Violence is usually thought about in its physical, sexual and emotional forms, but writers such as Mullaly (2002) have suggested that the wider social context can be responsible for structural violence; that is, the abuse of people through the failure to eliminate poverty and oppression.

clients

In the human services context, a client is a person who is using services in some way. This may be in a voluntary or involuntary capacity.

consumers

A term frequently used to describe users of a service. As it emphasises the notion that the client is making choices about the services they use, this term is more frequently used self-referentially and is seen to be more empowering than the term 'client'.

them. A parent, a group of concerned citizens, a person at the end of the telephone, a family and an older woman come to be termed 'clients', 'service users', 'customers' or '**consumers**', depending upon the agency with which they come into contact. The term 'client' is used by the AASW. This term is used in a broad sense to refer to 'individuals, groups, communities, organisations and societies, especially those who are neglected, vulnerable, disadvantaged, alienated or have exceptional needs' (AASW 2010, p. 42). The term 'client' will be used throughout this book, consistent with this professional base.

The term 'service user' is also reflective of many of these assumptions—that is, that they are people accessing services because of neglect, vulnerability, disadvantage or needs. This term is different though—the assumption is that they are active users of a service, possibly denoting a more voluntary approach. Importantly, the use of the word 'client' or 'service user' self-referentially is rare. These terms tend to be used by social workers to identify the people they work with, and are not necessarily used by the people themselves. A term more readily adopted by the people using the service has been 'consumer' (Happell et al. 2003), used by many within the mental health sector as a more appropriate self-referential term.

In some contexts, the term 'customer' has been adopted, although this is not in wide use in the Australian context. The underlying assumption here is that the customer has purchasing power, which may be the case in only very limited contexts. In some specific contexts, such as in Centres Against Sexual Assault (CASAs), where a feminist philosophy underpins all dimensions of service delivery, the term 'victim/survivor' is used in order to demonstrate the status of the person independent of an agency's involvement. This emphasises both the risk and strength status of the person.

Each of these terms has particular connotations about the nature of the relationship between the service, the social worker and the person accessing the service. These labels can be experienced as negative and de-identifying—they can leave a person feeling depersonalised or othered. These terms raise fundamental questions about our perception of who is accessing services and how their experience is framed and understood.

REFLECTIVE PRACTICE QUESTIONS

Think about a time when you have been a patient or client yourself.

- 1 Did you regard yourself as a 'patient' or 'client'?
- 2 What did you notice about how you were treated?
- 3 What impact did these labels have on you?

The terms for people working in human services similarly differ. Throughout this book, the term 'social worker' or 'practitioner' will be used. Many other terms are frequently

used, including ‘helping professional’, ‘community worker’, ‘child protection worker’, ‘counsellor’ and ‘therapist’. All of these terms reflect different training, emphases and values in human service work.

Core values in the client–social worker relationship

Values are central to social work practice. As a practitioner, you rely on integrating your practice knowledge (theories and skills) with your personal, cultural and professional beliefs and values to form an assessment of a situation, which in turn leads to interventions. Drawing on the work of Sarah Banks (2006), the British Association of Social Workers (2012, p. 17) proposes that:

In social work, ‘values’ can be regarded as particular types of belief that people hold about what is regarded as worthy or valuable. In the context of professional practice, the use of the term ‘belief’ reflects the status that values have as stronger than mere opinions or preferences.

These beliefs have other qualities than being beliefs or ‘mere opinions or preferences’, in that they are recognised as being: ‘generalized, emotionally charged conceptions of what is desirable, historically created and derived from experience, and shared by a population or a group within it’ (Reamer 2006, p. 12). This definition captures some essential components of our value bases: they can be emotionally charged and are, therefore, sometimes fiercely protected; they are developed within a specific historical, social and experiential context, and are, therefore, not always readily transferable; and they are upheld by a group of people as a way of bringing a shared focus and understanding. As we will explore throughout this book, there are both strengths and limitations in a value-based profession.

Values-based practice is complex when uncertainty and unpredictability are constant factors in your work. While there are ethical guidelines for practice, even referring to these will not always lead you to a straightforward solution or strategy. We need to constantly revisit and reflect upon these value bases.

Personal value bases

While many practice standards and codes of ethical conduct highlight values that are core to a particular profession, such as social work, practice by individuals within each of these professions will still vary. This is because we each bring our own personal value bases, borne out of our own life experiences of culture, ethnicity, context, religion, gender and class. Reflecting and talking about these personal values are important. One way of engaging in this discussion is to think about a range of dimensions that influence your life, and contribute to your social identity, as the following exercise highlights.

EXERCISE

REFLECTING ON YOUR SOCIAL IDENTITIES

Fook (2002, pp. 156–7) has identified these dimensions that influence our social identities, and you might add others. Reflect on the impact on your life and ways of being of these dimensions of your life:

- relationship status
- membership of groups or subcultures
- occupation
- gender
- social class (past and/or present)
- sexual orientation
- education
- health
- family type and background
- age
- ethnicity
- particular historical period (past and/or present)
- nationality
- religion
- particular ideologies.

REFLECTIVE QUESTIONS

- 1 How do you experience these dimensions in your life?
- 2 Are there dimensions that you are more comfortable thinking and talking about than others?
- 3 What influences the extent to which you think and talk about some dimensions differently from others?
- 4 What beliefs do you have about the worth or value of each of these dimensions in your life and the lives of others?
- 5 How do or could these dimensions of your social identity influence your practice generally?
- 6 How could these dimensions influence your practice if you were the social worker in the five scenarios outlined earlier in this chapter?

Associated with each of these social identity dimensions will be a range of beliefs that form your personal value base. Some of these beliefs and values you will be able to articulate clearly as important parts of your life. Others may only become apparent to you when confronted with different values expressed by your colleagues and/or clients.

In Scenario 1, Gracie may only realise that she believes people who abuse their children or have drug abuse problems are those of lower socioeconomic status when she finds she is surprised that the parent she is visiting lives in an upper-class suburb of Melbourne in very financially secure, although emotionally fraught, circumstances. She realises she judges people living in poverty in particular ways, based on her own privileged upbringing. In Scenario 5, Helena may find herself intensely angry with the client's family for seemingly abandoning her in late adulthood, because in Helena's own family, older family members are respected and supported by the younger generations. She has made assumptions drawing on her own experience about how things should be, not knowing the particular circumstances of this older woman's life. Many of our personal values come from our family of origin and our own social experiences. They are also continually shaped by our broader social, historical and cultural contexts. We will reflect on these personal value bases throughout the chapters ahead and consider how they are important in our practice, but equally how important it is to reflect upon and understand their impact on our practice.

Professional value bases

In the same sense that we are individually influenced by our historical and social contexts, so is the profession of social work. The cultural value base of the social work profession in Australia can be seen as a predominantly Western one, based on values and practices from European and Judeo-Christian pasts (Cnaan 1999; Cox 1982). Links with a Judeo-Christian religious base and liberal democratic philosophies are implicit in many of the assumptions underpinning human service work in the Australian context (Lohrey 2006), as they are in our legal, political, health and education systems. These assumptions are embedded, for example, in the Universal Declaration of Human Rights (United Nations General Assembly 1948), which we look at later in this chapter. These are the broad beliefs along with the historical and contemporary beliefs of our profession that translate into our formally articulated professional value bases (Weber & Pockett 2011), typically as ethical principles in a code of ethics statement (Banks 2004 & 2014).

Organisations such as the AASW, the Australian Psychological Society, the Psychotherapy and Counselling Federation of Australia, and the Australian Medical Association all have such codes of ethical conduct that highlight ways of relating to the people with whom they are working. These codes have adopted what Payne (2006, p. 85) describes as a list approach to values, in that the perceived correct ways of behaving are listed and people are held to account to these behaviours. They provide a useful framework for professional practice.

The fundamental values underpinning social work practice are 'driven by a mission of **social justice** and change to balance inequities and to create a more enabling society' (Fook 2000, p. 129). Within the AASW's *Code of Ethics* (2010, pp. 12–13), this mission is articulated in three specific core ethical principles—respect for persons, social justice and professional integrity.

social justice

The maintenance of social rights, integrity and fairness for individuals, families and communities within the wider social order.

Respect for persons

The first ethical principle outlined by the AASW (2010) is that of ‘respect for persons’ (see Box 1.1). You can see the ways in which there is a rights basis to this view of **respect**—linking a sense of rights and responsibilities throughout the statement.

BOX 1.1

AASW ETHICAL PRINCIPLE: RESPECT FOR PERSONS

‘The social work profession holds that every human being has a unique and inherent equal worth and that each person has a right to well-being, self-fulfilment and self-determination, consistent with the rights and culture of others and a sustainable environment. The social work profession:

- respects the inherent dignity, worth and autonomy of every person
- respects the human rights of individuals and groups
- provides humane service, mindful of fulfilling duty of care, and duty to avoid doing harm to others
- fosters individual well-being, autonomy, justice and personal/social responsibility, with due consideration for the rights of others
- recognises and respects group identity, interdependence, reciprocity and the collective needs of particular communities.’

Source: AASW (2010, p. 12)

Four important dimensions of respect can be identified (Brown 1993, p. 2565): to respect someone or something is to first ‘[r]egard, consider, taking into account, pay attention to’; second, ‘treat or regard with deferential esteem’; third, ‘prize or value’; and fourth, ‘refrain from injuring, harming, insulting, interfering with or interrupting’. We look at the skills associated with each of these dimensions throughout this book, as issues of attending, being present and acknowledging another person are embedded in these definitions. Other definitions of respect refer to ‘active sympathy’ towards another human being (Downie & Telfer 1989 & 1980 cited in Banks 2006, p. 29).

The essential characteristics of respect relate to how someone is regarded in an attentive, supportive way, not only in terms of the words that are spoken but also in the whole physical and emotional presence of someone in interaction with another person—each person matters. There is acknowledgment and recognition of people’s capacities and strengths, and our shared humanity. Another way of thinking about respect is as reflecting a fundamental love of humanity (Morley & Ife 2002). As Dowrick (1983, p. 14) states, it is about ‘assuming the intrinsic worth of individuals regardless of their attributes or achievements’.

respect
Respect is about ‘assuming the intrinsic worth of individuals regardless of their attributes or achievements’ (Dowrick 1983, p. 14). It involves demonstrating a positive and sometimes deferential attitude to another person’s point of view and/or circumstances.

In Chapter 4, we look at this in relation to the core skill of empathy in our practice.

REFLECTIVE PRACTICE QUESTIONS

- 1 When have you witnessed or experienced respectful interactions?
- 2 How would you define respect in these circumstances?
- 3 Conversely, when have you witnessed or experienced disrespectful interactions?
- 4 What were the features of these circumstances of disrespect?
- 5 What factors influenced these experiences, thinking particularly of gender, culture and class?

Demonstrating respect for all people, ‘regardless of their attributes or achievements’ (Dowrick 1983, p. 14), can sometimes be challenging. It can be hard to respect a perpetrator of horrific abuse or a drug-affected driver who causes a tragic accident. Respect comes to be shown through the understanding of the context of the person and a belief in the possibility of adaptation and change. Many programs, such as those for sex offenders (Adolescent Forensic Health Service 2007) or for perpetrators of gendered violence (Laming 2006), are based on a fundamental respect for the person and work successfully towards addressing the causes of violence. The programs are based on respecting the person, not the behaviour in which they have engaged.

Another way of identifying what respect looks like is to note when it is absent (and clearly work to counteract these circumstances). The following discriminatory processes are often used to demonstrate inequality or disrespect of people:

- **Stereotyping:** Filtering and simplifying complex information about people into fixed ‘typifications’ so that they are not seen as unique individuals in unique circumstances. Gracie’s view of the parent she was visiting is an example of this.
- **Marginalisation:** Pushing people ‘to the margins of society’ through various behaviours, attitudes and social structures.
- **Invisibilisation:** Rendering minority groups invisible ‘in language and imagery’ in the dominant discourse.
- **Infantilisation:** Ascribing a childlike status to an adult.
- **Welfarism:** Regarding ‘certain groups as necessarily in need of welfare services by virtue of their membership of such groups’.
- **Medicalisation:** Ascribing ‘the status of “ill” to someone’. In Helena’s scenario, the older woman her supervisor is working with may be seen as a patient, not an independent woman living in the community.
- **Dehumanisation:** Using language to treat people as things. The communities Jen is working with along with her supervisor may have experienced this.
- **Trivialisation:** Ascribing a trivial status or no status to issues of inequality.

Source: Thompson (2003b, pp. 82–92)

Respect is often exemplified in valuing self-determination and autonomy, long-held core values in social work. For example, more than forty years ago, Kadushin (1972, pp. 44–5) provided the key dimensions of the client–social worker relationship, emphasising behaviour that showed a:

belief that the client has the right, and the capacity, to direct [their] own life; [they work] with the client in problem solving; [they] communicate confidence in the client’s ability to achieve [their] own solution and actively help the client to achieve [their] own solution in [their] own way.

Valuing self-determination acknowledges that people have the capacity to make real choices (Dowrick 1983) about their life, if they are given the opportunity. What makes it possible for people to influence their environments, drawing on their capacity for agency (Giddens 1991; Kondrat 2002) and motivation, is an important question for social workers to address. In supporting the notion of self-determination, the usual assumption is made that this self-determination is positively oriented. Social workers can only support the notion of self-determination so far as legal and ethical limits apply. In some cases, for example, people express a wish to harm themselves and/or others. At these times, you need to take steps to ensure safety over and above a client’s right to be self-determining.

Similarly, other dilemmas arise in relation to views about how much a person experiencing illness should know about their diagnosis or illness. In André’s scenario, this may have been an issue depending upon the age of the child who died. Or it may have been an issue depending upon the family’s cultural views. Different cultures regard this information exchange in different ways, with some cultures firmly of the belief that patients should be protected from such knowledge at all times (Duffy et al. 2006). Their right to be fully informed, and therefore potentially self-determining, is overridden by a stronger belief in the right for the patient to not be distressed by their health circumstances.

You will notice that some cross-cultural practices differ quite significantly as to whether an individual acts autonomously or always in the context of community and familial relationship and obligation. For example, effective work within Indigenous communities has highlighted that positive change is brought about by emphasising the individual’s location within the context of their community. The use of shame through circle courts is one example of the important role of bringing about positive change through emphasising the ways in which a person’s behaviour has been damaging, not only to themselves but also to their family and community. While Western approaches with involuntary clients have tended to advocate against the use of ‘blame, punish and judge’ strategies (Trotter 2015, p. 63), the use of shaming in Indigenous contexts has been an age-old tradition that has been successfully revived in some contexts (Spooner et al. 2001), although it is not without its critics (Blagg 1997). As you can hear, there are tensions in practice about emphasising autonomy, and even whether it is consistently an appropriate goal for all people of all cultures and contexts.

In Chapter 10 we look at these issues of harm to self or others.

Some authors argue for the right to experience a transitional and planned dependence at times, rather than a continual valuing of independence and self-determination (Trevithick 2012, p. 49). An example of this is when a person is in the midst of a major crisis and, as a result, their usual coping capacity is overwhelmed. Assertive, directive outreach at this time by social workers is advocated (Caplan 1990). Within this, though, the emphasis is still on the client being self-determining, within the limits of their capacities at this time.

In other situations, the ability to realise this value is compromised by the person's capacity to participate in **decision-making** processes or to give informed consent—for example, in situations where a person is living with a severe intellectual or psychiatric disability, or is too young to be able to verbalise an opinion. If your underlying value, however, is the promotion of self-determination, empowerment and autonomy, steps can always be taken to ensure that actions are oriented in the best interests of the person concerned.

decision making
A process of coming to a decision about a particular course of action. In counselling work, this involves a series of steps, starting with brainstorming all the options, considering the pros and cons of each course of action, and deciding on the most manageable, realistic and achievable option.

Promoting social justice

The second ethical principle outlined by the AASW is that of 'social justice' (see Box 1.2).

BOX 1.2

AASW ETHICAL PRINCIPLE: SOCIAL JUSTICE

'The social work profession holds that social justice is a core obligation which societies should be called upon to uphold. Societies should strive to afford protection and provide maximum benefit for all their members. The social work profession:

- promotes justice and social fairness, by acting to reduce barriers and to expand choice and potential for all persons, with special regard for those who are disadvantaged, vulnerable, oppressed or have exceptional needs
- advocates change to social systems and structures that preserve inequalities and injustice
- opposes and works to eliminate all violations of human rights and affirms that civil and political rights must be accompanied by economic, social and cultural rights
- promotes the protection of the natural environment as inherent to social well-being
- promotes community participation in societal processes and decisions and in the development and implementation of social policies and services.'

Source: AASW (2010, p. 13)

In 1948, in the context of the post-Second World War international environment and the atrocities that had taken place, the UN General Assembly established the Universal

Declaration of Human Rights (www.un.org/Overview/rights.html). While this Declaration has undergone extensive critique, for both its gendered (United Nations Division for the Advancement of Women/Department of Economic and Social Affairs (DESA) 2003) and Western (Esteva & Prakash 1998) biases, it highlights that people were striving for justice and equality of opportunity at a global and universal level. The declaration starts by noting that recognition of ‘the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world’ (UN General Assembly 1948). The first article of the declaration reads: ‘All human beings are born free and equal in dignity and rights’ (UN General Assembly 1948). This is a critical and challenging statement about social justice as achieved through the recognition and respecting of people’s rights. Many other national and international treaties and conventions have similarly sought to establish principles for basic human rights and needs in order to overcome inequalities and **oppression**. These social justice principles are fundamental to how we think about well-being and resilience both locally and globally, and highlight many of the common values underpinning efforts to build well-being and resilience across global communities (although still arguably predominantly Western ones).

oppression
Refers to the negative and often overwhelming experience of being weighed down by circumstances or being overpowered by the influence and control of other people.

Again, we need to think about cultural differences in relation to this ethical principle, and the assumptions that underpin it. Indigenous and cross-cultural practitioners and academics raise fundamental questions for us all as practitioners in an Australian human service delivery context in relation to shared beliefs about what social justice looks like—how it reflects assumptions about what well-being, the nature of relationships, expectations about communication and intervention, and who the identified client is look like. For example, Dwairy provides an overview of how the individual is regarded from an Islamic perspective, which presents differences from, if not at times contradictions to, Western values of social justice and well-being. He highlights that, broadly speaking:

- 1 The self is not autonomous but is connected to an extended family or tribe. It directs its energy towards achieving group rather than personal goals.
- 2 The behaviour of the individual is more situational and contextual than dispositional. It is controlled by external factors such as roles and norms rather than internal factors such as personal attribution of behaviour.
- 3 Priority is given to interpersonal responsibilities rather than to justice and individual rights.
- 4 More other-focused emotions (for example, sympathy and shame) are experienced rather than ego-focused ones (for example, anxiety).

Source: Dwairy 2006, p. 61

Maori and Australian Aboriginal perspectives on well-being are similarly focused on family, community and cultural connectedness. This interconnectedness is extended to incorporate a strong sense of value and connections with land and country into notions of well-being (Ruwhiu 2013; Green & Baldry 2013).

Depending upon your cultural background, you may be more or less comfortable with these particular beliefs and values at a personal level. At a professional practice

level, these beliefs and values may lead to points of difference or tension with the practice perspectives widely used in the Western context, which focus more on the individual and on liberal understandings of well-being and social justice. Dwairy, and others, therefore argue for a continuum for understanding cross-cultural work, which has implications also for thinking about social justice. This continuum is from individualism to collectivism, and from liberalism to authoritarianism (Dwairy 2006, p. 5), the two main dimensions on which he argues cultures are spread. In an increasingly multicultural and globalised context, we need to find a mutual language of rights and responsibilities that respectfully can be developed out of these diverse experiences. Discussion and dialogue are critical steps in this process (Furlong & Ata 2006; Miller et al. 2004, p. 377), as we explore in Part 2. We continue to look at the place of cultural values in our practice (from different models of culturally sensitive and safe practice) in the chapters ahead.

In the practice example below, you can start to tease out these issues:

FOCUS ON PRACTICE

An inner-city school is experiencing difficulties with young boys who are displaying aggressive behaviour, particularly towards girls. These boys are from recently migrated families from a war-torn country. The teachers have sought assistance from a social worker because they are concerned about the increase in the levels of violence and the possible trauma reactions these young boys may be expressing. In consultation with the families, however, there is not a shared concern about this behaviour.

REFLECTIVE QUESTIONS

- 1 What would you see as some of the important issues that need to be addressed in this situation?
- 2 What is your initial reaction to it?
- 3 What would you find most challenging in this situation if you were the social worker called in to develop a response with the teachers and the parents?
- 4 How would you enact the ethical principle of social justice in this situation?

Social work practice often occurs at the interface of rights violations, so thinking about social justice, the exercising of rights and the nature of ethical dilemmas is part of the territory of our work. As Banks (2006, p. 8) highlights, an ethical dilemma involves 'a choice between two equally unwelcome alternatives relating to human welfare'. In one of the earlier scenarios, Gracie is accompanying her supervisor, a child protection worker, to meet with a parent about abuse allegations. In this situation, removing the child from the

In Chapter 10, we look at how ethical decision-making processes can be used to address these sorts of tensions.

integrity

Refers to a soundness and wholeness of principle.

violent parent may fulfil the child's right to safety, but violate the parent's right to parent as they choose.

Professional integrity

The third value outlined by the AASW is that of 'professional **integrity**'. Some very specific communication, personal and interpersonal skills enable this ethical principle to be achieved, as articulated in the first sentence of Box 1.3.

BOX 1.3

AASW ETHICAL PRINCIPLE: PROFESSIONAL INTEGRITY

'The social work profession values honesty, transparency, reliability, empathy, reflective self-awareness, discernment, competence and commitment.

Members of the social work profession:

- apply knowledge and skills in ways that prioritise the needs of others over personal gain
- responsibly use power and authority in ways that serve humanity
- make considered and ethically accountable professional decisions
- maintain a high quality of professional conduct and behave with dignity and responsibility
- ensure ongoing professional competence by participating in and contributing to their own life-long learning, education, training and supervision, and that of other social work practitioners and students.'

Source: AASW (2010, p. 13)

Emphasis is placed here on us being honest and transparent in our interactions, engaging in processes (reflective self-awareness) that will enable us to practise in competent and committed professional ways.

authenticity

The quality of being real or genuine when relating to another person.

Honesty, often described as genuineness, and **authenticity** on the part of the social worker have been consistently highlighted as critical to the success of forming a client–social worker relationship and being able to facilitate change (Rogers 1967). Gunzberg (1996, p. 34) describes this authenticity in a therapeutic context as arising in 'the nature of the connectedness that lies between both, within the meeting of both'. Authenticity, like respect, emerges in the totality of verbal and non-verbal dimensions of your relationships.

Rogers (1987, p. 38) emphasises some of the dimensions of this authenticity in reflecting on how he would prepare for an interview with a client. He asked himself: 'Can I be totally *present* to this client?' 'Can I *be* with him or her?' 'Can I be sensitive to every nuance of personal meaning and value, no matter how different it is from my own

experience?’ This captures the importance of an authentic engagement in the client’s story and situation. In this sense, the authenticity is about openness to, empathy with, and the understanding of another’s situation.

We can be authentic in many other ways when working with people. It is not necessarily about self-disclosure; an assumption that is often made when talking about authenticity. It can be about recognising and articulating the limits of our knowledge, our understanding or our skills. It can be about expressing our deep concern for someone at a particular point in time. It can be about articulating our time limits and our capacity to be present in an interaction with someone else. It is fundamentally about our willingness to share our humanness in the context of our professional integrity and our ability to act within the capacities and limitations of what we bring to an encounter.

Professional integrity requires a focus on our use of self in responsible and reflective ways. An awareness of the power dynamics that are inherent in any helping relationship is vital—using the professional and personal power that we have in transparent, honest and sensitive ways is a critical skill, which we explore thoroughly in the chapters ahead.

In Chapter 6 we focus on the development of engagement skills.

Transforming values into practice

As a social worker, you aim to alleviate adversity and bring about change for people through your use of skills at both individual and social levels (Payne 2006, p. 1). In order to embrace and enact the three ethical principles of social work set out in Boxes 1.1 to 1.3, the profession has long adopted a focus on some core common skills to bring about such change—engaging in reflective awareness or **reflective practice** and using particular communication microskills.

Before we consider these specific practice skills, we look briefly at some of the ways in which change tends to be conceptualised in social work. Change is something that is deliberately fostered and worked towards through specific interventions in social work. It can occur in relation to how we feel and how we think. It can also occur in relation to how we behave and how others behave towards us. From a social work perspective, change can and must occur in relation to particular circumstances or structural conditions such as the alleviation of poverty, violence, homelessness or unemployment.

reflective practice
Refers to thinking about your practice and your role and influence in that practice.

REFLECTIVE PRACTICE QUESTIONS

Five student placement scenarios were presented earlier in this chapter.

- 1 Revisit each of these scenarios and reflect on what you see as the change agenda you would bring to each of them.
- 2 How similar or different do you think your ideas would be compared with the clients’ perception of the change agenda?

Change as a multidimensional concept is described in further detail in Chapter 3.

There are many different ways of achieving change, from sometimes doing very little to bringing about major and radical change.

The precipitants of change are similarly multiple. Some people change because they have to, as a result of rock-bottom experiences. One study found that change was triggered for women with drug addictions when they realised things could not possibly become worse (Blankenship 1998). Other people engage in change processes because they are mandated to or because of some other circumstance; for example, to get their children back from out-of-home care. Many other people engage in change processes because they want to, recognising that they need to change. The motivations for seeking help with change are often unique and complex.

What influences people's attitudes to change? Change for some people is a terrifying prospect, full of uncertainties and unfamiliar territory. For other people, change is exciting and energising. Some of the variables that influence our attitude to change include the perceptions and realities of available supports and resources, the availability of role models, the internal and external encouragement received and, sometimes, the negative motivational encouragers; for example, seeing someone experience major problems with drug and alcohol abuse and determining never to go down that path. For many people, internal change is possible and motivation can be extremely high, but social circumstances make it extremely difficult to maintain any gains. Working with a change agenda requires constantly asking the question of what change needs to occur and why. Engaging in work as an agent of change means that considerable influence is being exerted.

Reflective practice

Overall, processes of reflection and reflexivity are highly valued by social workers because they enhance learning and insight, and personal and professional development; build theoretical knowledge bases; and, most importantly, should lead to better client outcomes (Crawford 2006, p. 139). Numerous terms are used for this activity—typically reflection, reflectivity and reflexivity or **critical reflection**.

Kondrat (1999) provides a useful distinction between the terms 'awareness', 'reflection' and '**reflexivity**' in unpacking how the self is conceptualised differently in each of them. The first is a simple consciousness, which makes our experience and memory possible—this is self-awareness. Returning to our scenarios, for example, this means Zak is aware that he's taken a call from a distressed woman and notes this has been a part of his day. The second is a reflective awareness, which relies on a sense of self who has the experience. If Zak is developing a reflective awareness, he might realise as a young male student, this may influence how the woman experienced the call, and in turn how and why he responded in particular ways. The third is a reflexive awareness, which is not about standing back, objectively, but knowing because 'I am on more or less familiar terms with the self' (Kondrat 1999, p. 468). Through a process of reflexive awareness, one of the questions we begin to ask is: 'What do I (we) do in the agency on a day-to-day basis that might

critical reflection

A process of thinking about your practice and your role and influence in that practice. It is about understanding how you are influencing outcomes.

reflexivity

A process of reflection that aims to see how your own actions perpetuate or contribute to a particular situation, and to critically appraise and influence your own positioning within a client–social worker relationship.

contribute to the structuring of unequal outcomes?’ (Kondrat 1999, p. 468). If Zak is developing a reflexive awareness, he will explicitly draw on his reflective awareness, and integrate this understanding into his practice. This might include him reflecting with the woman as to whether she feels comfortable talking with him about her situation or might prefer to speak with someone else, with him identifying that it may be difficult for her to speak with someone so close to her partner’s circumstances. There are a range of possible strategies, all of which, with reflexive awareness, encourage us to see how we might be part of the problem through our social identities, our skill level or our role in the interaction.

Reflection on and in all dimensions of our practice has a number of key functions. First and foremost, ongoing critical reflection and reflexivity are ways of ensuring good outcomes for clients. As Kondrat (1999, p. 468) states in relation to social workers: ‘As individuals and as professionals, social workers’ daily interactions with clients and others have consequences for maintaining or altering society’s structures’. Ongoing awareness of these interactions is an essential part of transforming the lived experiences of clients. Second, it enables the impact of the work to be addressed. Social work often provokes strong physical and emotional responses such as intense sadness and distress, or anger and frustration. Some experiences can be overwhelming and evoke a sense of helplessness or powerlessness. This work can bring you into contact with violence or extreme poverty, for example, for the first time in your life. For other practitioners, it will bring up past and/or present reminders of these experiences. This type of work will inevitably have an impact upon you. Its positive impact is the accumulation of practice experience and practice wisdom. Its negative impact can lead to distress, stress, burnout or cynicism.

Critical reflection and reflexivity provide an opportunity to reflect upon these experiences, to integrate them in some way and to develop assessments and interventions that lead to further change. Practice with such a focus builds the bridge between theory and practice (Payne 2006), but also maintains a focus on change. Schon (1987) highlights the importance of reflecting not only on what has occurred but learning to reflect *in* the midst of practice to influence the process there and then. A reflective social worker can be defined (Thompson 2002, p. 235) as someone:

who is able to use experience, knowledge and theoretical perspectives to guide and inform practice. However, this does not mean applying ideas in a blanket form, unthinkingly and uncritically, regardless of the circumstances. Reflective practice involves cutting the cloth to suit the specific circumstances, rather than looking for ready-made solutions.

Reflection alone can be an introspective process that may influence our own practice but not influence the outer world in any substantial way. That is, problems in the outer world that lead to inner- and outer-world distress or difficulty for others remain unaltered. Critical self-reflection takes this reflective process one step further:

In Chapter 5, we look at strategies to support your well-being in light of the demands of practice.

One of the practice arenas where critical reflection typically occurs is in the context of supervision, which we explore in Chapter 5. As we see in Chapter 10, ethical decision-making is another important strategy, helping us think through a complex situation from numerous perspectives.

Processes of dialogue and self-reflection are important in providing critical understandings of how internalised discourses (particularly those we have internalised ourselves) have created the situation. Processes of dialogue are crucial in reformulating and changing discourses that are relevant across different interest groups (Fook 2000, pp. 131–2).

A number of strategies can be adopted to practice reflection and critical reflexive practice. The first strategy is to complete a social identities reflective exercise, such as the one proposed by Fook earlier in this chapter.

Introducing the practice theories and skills of social work practice

In our social work practice, we bring together our knowledge and skill base into every interaction. Our knowledge bases are many—including understandings of people and conditions of social and structural adversity, and understandings of human behaviour and development in context. This forms an important evidence base for practice drawn from population and other empirical studies. It is important that we are evidence-informed practitioners; that is, an understanding from the available research evidence of what works with whom in what context is crucial. Research provides a useful basis of understanding.

In addition to these knowledge bases, we draw on theoretical perspectives for practice that are also important. As Howard (2006, p. 8) states:

From the most fundamental aspects of the relationship, such as how we greet a client, to the use of advanced therapeutic skills like making interpretations, our whole way of relating to and thinking about our client is driven by the theoretical model we subscribe to.

This knowledge and theory base should build over time into a practice wisdom.

At a skill level, our practice primarily involves interviewing and counselling skills in focused conversation with individuals, families, and/or groups. **Microskills** are the building blocks of these human interactions. Microskills are transferable skills (O’Hara 2006); that is, they can be used in many contexts, and adapted according to the setting in which the social worker and client meet. The core building blocks of this knowledge are the microskills of communication. In later chapters we will look at microskills that help us to:

- establish and maintain empathy
- communicate non-verbally and verbally in effective ways
- establish the context and purpose of the work
- open an interview
- actively listen
- establish the story or the nature of the problem

Chapters 11 to 15 focus on these theoretical approaches in an applied way so that you can see the influence they have on practice.

microskills

The building blocks of human communication: all of the non-verbal (nodding, smiling etc.) and verbal (questions, reflections etc.) skills we use to influence a communication process.

- ask questions
- intervene and respond appropriately.

In our work with individuals, couples or families, the term ‘interview’ is typically used to define this interaction; an interview being ‘any formal or semi-formal discussion between a worker and service user(s)’ (Thompson 2002, p. 120). While in many settings the interview may not be a structured interaction, some describe the interview as ‘the first one or two helping sessions because these sessions are usually for information gathering’ (Okun 2002, p. 89). A wide range of terms is used to differentiate this work—interviewing, counselling or therapy being three common ones. Some practitioners regard these terms as interchangeable, whereas others see them as distinct forms of individual practice. Sommers-Flanagan and Sommers-Flanagan (2004, p. 8) argue that the key differences between counsellors and psychotherapists is not that they engage in different behaviours but rather that they engage in the behaviours of ‘listening, questioning, interpreting, explaining, advising, and so on ... in different proportions’.

In all work with people, interpersonal and communication skills are critical. This interpersonal work occurs in our practice with groups, families and communities through our case work (Hollis & Woods 1981), case management, community development, advocacy, and research methods. In all of these practice **methods** we rely on gathering information through communicating with others, forming an assessment and undertaking some form of further intervention.

The skill of social work practice can be thought of as both *an art and a science* (Harms & Connolly 2013). To contribute effectively to human service work, a sound evidence base for what works is important. But it is also an art to communicate well with others, to support others and to respond empathically and effectively to those experiencing difficulty and adversity. Connecting with other people and establishing a creative process of working together to resolve situations are skills of a high order. In the chapters ahead, we explore how this is possible.

method

A ‘way of doing a thing’ (Brown 1993, p. 1759). In the human service context, methods include individual and/or family casework or counselling, group work, community work, program and policy development, education and research.

CHAPTER SUMMARY

In this first chapter, we have explored the role of human services in responding to people’s experiences of adversity and need. The ways in which your personal and professional value bases influence your perceptions of practice were also identified. Three core ethical principles underpinning social work were presented: (1) respect for persons, (2) promoting social justice, and (3) professional integrity. We then looked at how reflection and our skills are linked with bringing about change.

REFLECTIVE PRACTICE QUESTIONS

- 1 What do you see as the most important purposes of human service work?
- 2 What do you see as the most important values underpinning your practice?
- 3 What do you see are some of the tensions in maintaining those values?
- 4 What have been some of the major influences on the development of these values?
- 5 What role has your cultural context played in influencing these values?

KEY REFERENCES

- Bennett, B., Green, S., Gilbert, S. & Bessarab, D. (eds) (2013) *Our voices: Aboriginal and Torres Strait Islander social work*. South Yarra: Palgrave Macmillan.
- Kondrat, M. E. (1999) Who is the 'self' in self-aware: Professional self-awareness from a critical theory perspective. *Social Service Review*, 73(4), pp. 451–77.
- Maidment, J. & Egan, R. (eds) (2009) *Practice skills in social work and welfare: More than just common sense* (2nd edn). Crows Nest: Allen & Unwin.
- O'Hara, A. & Pockett, R. (eds) (2011) *Skills for human service practice: Working with individuals, groups and communities* (2nd edn). South Melbourne: Oxford University Press.

USEFUL WEBSITES

- Australian Association of Social Workers (AASW): www.aasw.asn.au
- Psychotherapy and Counselling Federation of Australia (PACFA): www.pacfa.org.au
- Social Care Institute for Excellence (SCIE): www.scie.org.uk
- United Nations Universal Declaration of Human Rights: www.un.org/Overview/rights.html